



**Privacy Act Release Form
Internal Revenue Service**

Name: _____
Social Security #/Employer ID: _____ Date of Birth: _____

Mailing Address:

Contact Information

Home: _____
Work: _____
Mobile: _____
Email: _____

Nature of Problem:

Have you contacted another congressional office about this case? _____
If yes, which office? _____

Signature _____ Date _____

Signature of spouse (if joint return) _____ Date _____

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

Please Mail or Fax to:

Congressman Frank M. Kratovil, Jr.
202 South Main Street
Bel Air, MD 21014-3820
(410) 420-8822
(410) 420-8825 (fax)

*Feel free to attach additional documents, comments, or information to this form.